314th Airlift Wing

Town Hall Meeting- Deployments

U.S. AIR FORCE

Col Reheiser

314 AW/CC

20 Jul 04

Mission — People — Community

C-130 Center of Excellence

Overview

- Events of Recent Casualty
- Casualty Notification
- Casualty Affairs & Survivor’s Benefits
- Mortuary Affairs
- Family Readiness Program
- Questions and Answers

Deployment Duration

- Air Expeditionary Forces (AEF) deployment duration to increase from 90 days to 120 days starting Sept 04
- AEF Schedule:

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2004	**Cycle 4**		AEF 7/8			**AEF 9/10**			**Cycle 5**		AEF 1/2	
2005	AEF 3/4				**AEF 5/**				AEF 7/8			
2006	**AEF 9/10**				**ycle 6**	AEF 1/2			AEF 3/4			
2007	**AEF 5/**				AEF 7/8				**AEF 9/10**			

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314th Airlift Wing

Casualty Notification & Survivor Benefits

U.S. AIR FORCE

Major Gina Oliver

Mr. Rickey Burns

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Casualty Notification

- An Air Force representative notifies the Next of Kin in person when a serious condition exists:
  - Injury, Illness, Incapacitated
  - Duty Status Whereabouts Unknown
  - Missing
  - Deceased
- In the event of a death, Next of Kin will be contacted within 24 hours by:
  - Casualty Affairs Representative - benefits
  - Mortuary Affairs Representative - services, etc.

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Survivor Benefits

- Death Gratuity
- Unpaid Pay and Allowances
- Servicemember's Group Life Insurance (SGLI)

RECORD OF EMERGENCY DATA

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSES: This form is used to designate beneficiaries for certain benefits in the event of the servicemember's death. It is a guide for the disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the servicemember desires to be notified in case of emergency or death. The purpose of soliciting the SSN is to provide positive identification.

ROUTINE USES: None.

DISCLOSURE: Voluntary; however, failure to provide personal identifier information may delay notification of the servicemember's status or may handicap processing of benefits to designated beneficiaries.

INSTRUCTIONS TO SERVICEMEMBER

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty, and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other dependents listed; for example, as a result of marriage, civil court action, death, or address change. Regarding your designation in Item 11, "Allotment if Missing" (if used by your Service), please read the following statement carefully, and sign on the line provided:

I fully understand that, if I am captured, missing, or interned, my designation of allotments to dependents from my pay and allowances serves only as a guide to the Secretary of my Service. The Secretary may alter my designated allotment in the best interests of myself, my dependents, or the United States Government.

_____
(Signature of Servicemember)

1. NAME *(Last, First, Middle)*	2a. SSN	b. INITIAL *(To indicate valid SSN)*	3a. SERVICE	b. REPORTING UNIT CODE DUTY STATION
4a. SPOUSE NAME	b. ADDRESS *(Include ZIP Code)*			
5. CHILDREN a. NAME	b. RELATIONSHIP	c. DATE OF BIRTH *(YYYYMMDD)*	d. ADDRESS *(Include ZIP Code)*	
6a. FATHER NAME	b. ADDRESS *(Include ZIP Code)*			
7a. MOTHER NAME	b. ADDRESS *(Include ZIP Code)*			
8a. DO NOT NOTIFY DUE TO ILL HEALTH	b. NOTIFY INSTEAD			

9a. BENEFICIARY(IES) FOR DEATH GRATUITY *(If no surviving spouse or child)*	b. ADDRESS *(Include ZIP Code)*	c. PERCENTAGE
10a. BENEFICIARY(IES) FOR UNPAID PAY/ ALLOWANCES	b. ADDRESS *(Include ZIP Code)*	c. PERCENTAGE

11. ALLOTMENT DESIGNEE/PERCENTAGE IF MISSING *(Subject to Secretarial determination)*

12. INSURANCE *(SGLI and other Insurance Companies/Policy Numbers)*	a. SGLI *(Optional Service Use)* ☐ MAXIMUM ☐ NO ☐ OTHER *(Amount)* _____	b. INSURANCE COMPANIES/POLICY NUMBERS

13. CONTINUATION/REMARKS

14. SIGNATURE OF SERVICEMEMBER *(Include rank, rate, or grade)*	15. SIGNATURE OF WITNESS *(Include rank, rate, or grade)*	16. DATE SIGNED *(YYYYMMDD)*

Please read the instructions before completing this form.

Servicemembers' Group Life Insurance Election and Certificate

Use this form to: (check all that apply)
- ☐ Name or update your beneficiary
- ☐ Reduce the amount of your insurance coverage
- ☐ Decline insurance coverage

Important: This form is for use by Active Duty and Reserve members. This form does not apply to and cannot be used for any other Government Life Insurance.

Last name First name Middle name	Rank, title or grade	Social Security Number

Branch of Service (Do not abbreviate)	Current Duty Location

Amount of Insurance

By law, you are automatically insured for $250,000. ***If you want $250,000 of insurance***, skip to *Beneficiary(ies) and Payment Options*. ***If you want less than $250,000*** of insurance, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of $10,000. ***If you do not want any insurance****, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time."

Declining SGLI coverage also cancels all family coverage under the SGLI program.

- ☐ I want coverage in the amount of $_____ Your initials_____
- ☐ _____

(Write "I do not want Insurance at this time.")

****Note:*** Reduced or refused insurance can *only* be restored by completing form SGLV 8285 with proof of good health and compliance with other requirements. Reduced or refused insurance will also affect the amount of VGLI you can convert to upon separation from service.

Beneficiary(ies) and Payment Options

I designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Complete Name (first, middle, last) and Address of each beneficiary	Social Security Number (if known)	Relationship to you	Share to each beneficiary (Use %, $ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
Principal				
1				
2.				
Contingent				
1.				
2.				
3.				

I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that:

- ***This form cancels any prior beneficiary or payment instructions.***
- The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above.
- If I have legal questions about this form, I may consult with a military attorney at no expense to me.
- I cannot have combined SGLI and VGLI coverages at the same time for more than $250,000.

SIGN HERE IN INK ➢ _____ Date: _____
(Your signature. Do not print.)

Do not write in space below. For official use only.

WITNESSED AND RECEIVED BY:	RANK, TITLE OR GRADE	ORGANIZATION	DATE RECEIVED

Original Copy - Member's Official Personnel File p. 2
Photocopy 1 - To Member
Photocopy 2 - To Active or Reserve Component of Uniformed Service

314th Airlift Wing

Legal

Maj Marci Lawson

314 AW/JA

Legal Assistance

- **Notarize Documents and Powers of Attorney**: 0730-1630 daily
- **Walk-in legal assistance** (to see an attorney but *no wills*): Mon 0900-1000 and Thurs 1300-1400
- **Wills**: By appointment only (call 987-7886)

Wills

- Why do I need a will?
- What is involved in getting a will?

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Coping Support for Dependents

Capt Patrick A. Pohle
Life Skills Support Center
314 MDOS/SGOKH

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Access to Services

- Common Concerns
  - Behavioral Health Care Finder - (800) 406-2832
  - Life Skills Support Center coordination with Tricare - 987-7338
- Emergency Situations
  - Supervisors, 1st Sgt or Commander
  - Life Skills Support Center – 987-7338
  - Family Practice – 987-3080
  - Command Post – 987-3200 (Provider on call)
  - 911 or local ER

- Bottom Line – Resources are available

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Mortuary Affairs Program

Air Force Mortuary Affairs Program

Maj David O. Andino-Aquino
Installation Mortuary Officer

Mortuary Affairs Program

Primary purpose is to facilitate the final arrangements of deceased AF members:

- Brief entitlements, receive NOK disposition instructions and orchestrate

  actions to achieve their wish

Mortuary Affairs Program

- Active Duty Death Entitlements
  - All arrangements from place of death to final place of interment (if requested)
    -- Traditional Burial/Cremation
    -- Casket (Hardwood/ 18 Gauge Metal) or Urn (Solid Bronze/Solid Walnut)
    -- Choice of burial location **(Private or Gov Cemetery)**

Mortuary Affairs Program

- Active Duty Death Entitlements
  - -- Burial Clothing
  - -- Military Honors
  - -- Headstone (only at Gov Cemetery)
  - -- Escorts
  - -- Travel
  - -- Flags

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Family Readiness Program

SSgt Natika Oliver

314 MSS

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Deploying Members

- Group briefings twice weekly
- Individual briefings as necessary
- Family & single member care plans
- Free $20 calling cards
- Hearts Apart Program
- Readiness Checklist

Family Members

- Video Link Program if available
- Car Care Because We Care
- Give Parents a Break Program
- Resource Room Computers
- Support Group (SKIT)
- Reunion Information

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Col Reheiser

FINAL COMMENTS/
QUESTIONS

314TH AIRLIFT WING
POLICE
CAMP A WARLORD
UNITED STATES AIR FORCE
Little Rock Air Force Base
Wandenberg Gate